## STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION

3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102 \* (702) 486-4033 e-mail: <a href="mailto:realest@red.nv.gov">realest@red.nv.gov</a> \* <a href="http://red.nv.gov/">http://red.nv.gov/</a>

## APPRAISER INACTIVE STATUS

| Inactivation Date:           |  | License Number:  Home Phone:      |                  |                   |  |
|------------------------------|--|-----------------------------------|------------------|-------------------|--|
| Name of Appraiser:           |  |                                   |                  |                   |  |
| Residence:                   |  |                                   |                  |                   |  |
|                              | No. & Street   | City                              | State            | Zip               |  |
| Mailing Address:             |  |                                   |                  |                   |  |
|                              | No. & Street / P.O. Box  | City                              | State            | Zip               |  |
| I am requesting that my      | license be placed on inactiv   | ve status.                        |                  |                   |  |
| *** NOTIFY TH                | E DIVISION OF ANY CHA  | NGE IN THIS ADDRES                | S IMMEDIATI      | ELY ***           |  |
| Records of all transaction   | s engaged in as an appraiser s   | shall be subject to audit an      | d inspection by  | the Division.     |  |
| LOCATION OF RECO             | 0 0  | J                                 | 1                |                   |  |
| Localitor of Reco            |  |                                   |                  |                   |  |
|                              | No. & Street   | City                              | State            | Zip               |  |
| NOTE In order to re estimate | vate license, submit to the Div  | •                                 | Sittle           | $\Sigma \iota p$  |  |
|                              | tion and proper fees   | /181011.                          |                  |                   |  |
|                              | etion of continuing education  | (NRS 645C.430)                    |                  |                   |  |
| <u>-</u>                     | ls, if licensee inactive over 1  |                                   |                  |                   |  |
| NOTE: License fees are       | the same for active and inacti   | ve status:                        |                  |                   |  |
| -                            | pay their license renewal fe   |                                   | n active or inac | tive status on or |  |
| before each anniversary o    | of their license. NAC 645C.3   | 00                                |                  |                   |  |
| CONTINUING EDUCA             | ATION REQUIREMENTS I<br>ON INACT   | S NOT REQUIRED WHI<br>IVE STATUS. | EN RENEWIN       | G A LICENSE       |  |
| midnight on the last day of  | ON OF LICENSE. Every lice of the last month of a license first day of the first calendar | period. A license period is       | s a period of 24 |                   |  |
|                              | Appraiser whose license ha<br>intil he/she meets all the requi                           | <del>-</del>                      |                  |                   |  |
| Signatur                     | re of Appraiser  | _<br>ATTACH APP                   | RAISER'S I       | LICENSE           |  |

Revised: 03/20/17 541